



State of New Hampshire
Department of Environmental Services
Asbestos Management and Control Program
Application for License



ASBESTOS DISPOSAL SITE CONTRACTOR

Type or print clearly in **INK**; attach all required documentation; and sign the application. All sections of the application must be filled in. The signature(s) must be in ink. Photocopies of the signed form are NOT acceptable.

I. APPLICANT:

Name of Applicant: _____

Business Location: _____

City/Town: _____, State: _____, Zip: _____

Telephone Number: _____ Fax: _____

Mailing Address: _____

City/Town: _____, State: _____, Zip: _____

II. APPLICATION INFORMATION:

The Applicant is (check one)

_____ An Individual/Sole Proprietorship

Name: _____

Date of Birth: _____

_____ A Corporation

State of Incorporation: _____

_____ A Partnership

Partnership Name: _____

State of Formation: _____

_____ Other Association or Organization:

Association Name: _____

State of Formation: _____

_____ Political Subdivision/Public Entity

_____ Other (Specify) _____

III. PRINCIPAL CONTACT: The following individual is affiliated with and designated by the applicant to be the contact for this organization.

Name: _____

Title: _____

Mailing Address: _____

City/Town: _____, State: _____, Zip: _____

Telephone Number: _____ Fax: _____

IV. RESPONSIBLE PERSONS

- (a) List the names, titles, dates of birth, and addresses of all responsible persons required by these rules. (Attach additional sheets if more space is needed.)

Name	Title	Date of Birth	Address

- (b) Responsible person(s) certified as asbestos disposal site (ADS) worker(s) pursuant to He-P 5012 and actively involved with decisions regarding the license and related matters.
Signatures of these individuals are required in Section VII. (Attach additional sheets if needed.)

Name: _____ Date of Birth: _____

Title: _____ ADS Certificate # _____

Mailing Address: _____

City/Town: _____, State: _____, Zip: _____

Telephone Number: _____

Principal Duties: _____

Name: _____ Date of Birth: _____

Title: _____ ADS Certificate # _____

Mailing Address: _____

City/Town: _____, State: _____, Zip: _____

Telephone Number: _____

Principal Duties: _____

V. LICENSING HISTORY:

yes no

☐ ☐

1. Is the applicant currently or has the applicant ever been licensed or certified as an asbestos entity, contractor, or as an asbestos professional in New Hampshire?

LICENSE OR CERTIFICATE TYPE	DATE ISSUED	LICENSE OR CERTIFICATION NUMBER

☐ ☐

2. Has the applicant or any of its responsible persons ever been convicted of or plead guilty or no contest to a felony or misdemeanor in any state or federal court for a violating an environmental, health or safety requirement, or are you currently the subject of any such action?

☐ ☐

3. Has the applicant or any of its responsible persons ever owned, operated, or been in responsible charge of a business or other facility that, during their association therewith, was the subject of an administrative or judicial enforcement action for a violation of environmental, health, or safety requirements?

☐ ☐

4. Has the applicant or any of its responsible persons ever been the subject of any administrative or judicial enforcement action for a violation of environmental, health, or safety requirements?

☐ ☐

5. Is the applicant or any of its responsible persons currently in violation of any environmental, health, or safety requirements?

☐ ☐

6. Is the applicant or any of its responsible persons currently out of compliance with any civil and criminal penalty provisions of any outstanding consent agreement, settlement, or court order for any violation of environmental, health, or safety statutes or rules?

☐ ☐

7. Has the applicant or any of its responsible persons failed to pay, or are they out of compliance with the payment schedule for any administrative fine assessed for a violation of environmental, health, or safety requirement?

If you answered yes to any of the above questions, please attach a detailed explanation and current status information.

VI. WORKERS List all individuals authorized to work under the authority of this license, if issued, that will be performing work relating to the disturbance of asbestos at asbestos disposal sites.

Include the following for each individual: (Attached additional sheets if needed.)

Name: _____ Date of Birth: _____

Position Title: _____

Business Mailing Address: _____

Business Phone Number: _____

(a) Is this person certified as an asbestos disposal site worker (ADS)? ☐ Yes, ☐ No

If "Yes" ADS Worker Certificate # _____ Expiration Date: _____

If "No" Date Application for certification as ADS Worker was or will be made: _____

Date training in accordance with He-P 5013 was or will be obtained: _____

(b) Does this person meet the requirements of either a competent person in 20 CFR 1926.1101, or an on-site supervisor in 29 CFR 1910.120, or both? ☐ Yes, ☐ No

VII. STATEMENT OF COMPLIANCE:

You must read or have read to you the following statement and sign on the line provided.

To the best of my knowledge and belief, the information and material submitted herein is correct and complete. I understand that any license granted by the Department based on false and/or incomplete information shall be subject to revocation or suspension, and that administrative, civil or criminal penalties may also apply. I certify that this application is submitted on a complete and accurate form, as provided by the Department, without alteration of the text.

SIGNATURE: _____ Type or Print Name: _____

TITLE: _____ Date: _____

Other Signatures:

Responsible Persons from Section IV (b):

I am aware that this application is being filed and that I am being listed as a responsible person involved with decisions regarding the license and related matters:

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

VIII. MAILING INSTRUCTIONS

Send completed application to:

New Hampshire Department of Environmental Services
Bureau of Environmental & Occupational Health
Asbestos Licensing / Certification
PO Box 95 - 29 Hazen Drive
Concord, NH 03302-0095

Telephone: 603-271-4609

DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE OF \$250.00 AS SPECIFIED IN He-P 5011.04(d)

CHECKS AND/OR MONEY ORDERS MUST BE MADE PAYABLE TO: "TREASURER, STATE OF NH"

APP-ADS-CONTRACTOR REVISION 031901.doc